



## **DISCLOSURE 2B – ENTITY: INTERESTS OF PUBLIC OFFICIALS**

Refer to the Application Instruction Booklet for instructions on how to complete this form at: [www.michigan.gov/mmfl](http://www.michigan.gov/mmfl)

Entity Name \_\_\_\_\_

Please list the names and titles of all public officials or officers of any unit of government as well as spouses, parents, and children of those public officials or officers, who, directly or indirectly:

1. Own any financial interest in the entity.
2. Have any beneficial interest in the entity.
3. Are the creditors of an entity.
4. Hold any debt instrument issued by an entity.
5. Hold or have any interest in any contractual or service relationship with the entity.

Name of Public Official/Officer of Governmental Unit \_\_\_\_\_

Title \_\_\_\_\_

Is the interest that of the public official or officer of a governmental unit? ☐ Yes ☐ No

If **yes**, state the percentage/capacity of interest \_\_\_\_\_

If **no**, provide the following information about the interest of the family member of the public official or officer:

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

Name of Family Member \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Percentage/Capacity of Interest \_\_\_\_\_

SSN \_\_\_\_\_

**NOTE:** The Marijuana Regulatory Agency may require additional individuals to submit personal disclosure forms based on information contained in this application or otherwise disclosed during the background investigation.